

Corrections spending nears \$2 billion

More prisoners, fewer resources require priorities

The Department of Corrections budget for Fiscal Year 2007 has been enacted (see enrolled Senate Bill No. 1084 at www.capps-mi.org/legislativelinks) and any way you cut them, the figures are staggering.

- The total appropriation is \$1.94 billion, a 3.8 percent increase over FY 06. Nearly all of that, \$1.86 billion, comes from the General Fund, the state's checkbook for discretionary spending. Corrections will account for 20.2 percent of all General Fund spending.
- The budget is based on 51,490 prisoners and 17,798 employees
- The average cost per prisoner is \$32,309. The actual cost varies substantially by security level, from \$26,610 for minimum-security prisoners to \$43,926 for those in maximum security.

The majority of corrections costs are for custody personnel. Other notable expenditures are:

Prisoner health care	\$190,261,600
Prisoner mental health care	74,148,400
Academic/vocational programs	36,862,900
Field operations (probation/parole)	170,752,100
Community corrections (alternatives to incarceration)	48,617,000
Prisoner reintegration program	12,552,900
Training for 650 new officers	11,800,000

The budget also reflects some cost savings. Over \$4.5 million will be saved by reducing the transportation of prisoners to off-site medical care and courts; \$2 million will be saved by reducing the number of sergeants' positions in the prisons; \$412,600 in savings will come from eliminating three upper-level positions at the central office, and \$800,000 will be saved by not funding economic increases in the cost of prisoner food.

Supplement: When 'life' did not mean life

CAPPS historical research confirms dramatic drop in lifer paroles

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MDOC budget share may increase substantially

An increase in the prisoner population, combined with a decrease in funds available for discretionary spending, could lead to corrections taking an even larger share of the General Fund in the immediate future. On Feb. 1, 2006, the MDOC projected that the prisoner population would grow by only 537 for all of 2006. The population projected for Sept. 2006 was 49,772. However, these projections have proven to be optimistic. In fact, by September, the population was approaching 51,000, a figure the MDOC did not anticipate reaching until April, 2008.

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More prisoners, fewer resources require priorities be set

The 1,300 additional prisoners are due, at least in part, to the murders committed in February by parolee Patrick Selepak. Reacting to intense media and legislative scrutiny, the parole board granted fewer releases and parole agents returned more parole violators to prison. It appears that court commitments for new crimes have also increased.

So far, the MDOC has handled the population increase by expediting the opening of additional beds at existing facilities. The number of prisoners admitted to boot camp has also increased. A supplemental appropriation of \$10 million for the current budget year was required to cover these expenses.

The budget pressure caused by continuing growth of the prison system will be greatly exacerbated if available resources decline sharply. This could occur for either or both of two reasons. First, the Legislature has repealed the Single Business Tax, effective Dec. 31 2007, without yet identifying a replacement. The SBT generated \$1.9 billion, 20 percent of the money available for General Fund spending. Replacement by other forms of taxation at less than the full amount is a real possibility.

Second, a November ballot proposal to guarantee minimum state funding increases for public schools, community colleges and universities appears to

have strong voter support. The proposal would amend the State School Aid Act to increase education funding by at least \$565 million in 2007 and by

the annual rate of inflation in subsequent years.

If the ballot proposal passes and just 20 percent of the SBT revenues are not replaced, the state could be facing a \$1 billion shortfall in the funds available for state services other than education. Without a significant decrease in prison spending, the impact on other state services will be drastic.

If the ballot proposal passes and just 20 percent of the SBT revenues are not replaced, the state could be facing a \$1 billion shortfall . . .

The impact of budget cuts on other state services

For 25 years, MDOC funding has grown not only in absolute dollars but in its share of the entire General Fund budget. In 1982, when the prison population was at 15,000, the \$217.4 million spent on corrections

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Nov. 8 in Lansing

Senators who oversee Corrections budget to speak at annual meeting

Two senators from the Senate Subcommittee on Corrections Appropriations will be the speakers at the CAPPs annual membership meeting on Nov. 8, 2006 in Lansing. (Note: The date has been changed from that previously announced.)

The legislators are Michael N. Switalski (D, Roseville)-and Valde Garcia (R, Howell). Both are former representatives.



Switalski

The subcommittee on Corrections Appropriations reviews the recommended annual budget for the Michigan Department of Corrections. It proposes changes in the line items and recommends requirements of the department in what is called “boilerplate” language attached to the budget bill. Such requirements can include periodic special reports and actions such as maintaining a statewide admission list for the Assaultive Offender Program.

The senators will discuss how proposed legislation impacting corrections has been handled in the senate and what the prospects for the new session beginning in January appear to be.

Switalski, elected to the senate in 2002, is sponsor of bills designed to improve the parole process for parolable lifers and to require an annual review of foreign nationals who could be paroled. He has served on the Roseville City Council and the Macomb County Commission. He holds two master’s degrees and has worked in

labor relations and as a journalist.

Garcia, a senator since 2000, is the son of migrant farmers and is the state’s first Hispanic senator. A colonel in the Army Reserves, he has been in the military for more than 24 years. He serves on the Selection Committee for the White House Fellows Commission. Before being elected to the House, he served as chief of staff for several state senators. He has a bachelor’s degree in political science.



Garcia

CAPPs thanks donor Annette Johnson, yet again

In an extraordinary act of generosity, CAPPs supporter Annette Johnson of New York City has donated \$35,000 to help compensate for the winding down of our grant from the JEHT Foundation. Johnson, who was profiled in the December 2004 issue of *Consensus*, has twice made contributions of \$10,000. The current gift will be used, in part, for a feasibility study of fund development prospects by the Sloan-Hunter Group.



Despite her responsibilities as General Counsel to the New York University Medical Center, Johnson has devoted enormous amounts of time to improving educational opportunities for prisoners in New York. She was instrumental in founding and operating the non-profit Prisoners’ Reading Encouragement Project (PREP), which has distributed tens of thousands of books to prisons there. She also supports a privately funded prisoner college program.

Johnson supports CAPPs because she believes it is doing “incredibly important work, efficiently and effectively.” She recognizes how hard it is to find sponsors for social policy change, especially when it involves people in prison. But, she says, based on her childhood religious teachings, she still believes that “he who does for the least of my brethren, does also to me.”

CAPPs Executive Director, Barbara Levine, expressed the gratitude of the board of directors and staff. “Annette Johnson is by far the largest single individual donor CAPPs has. Whatever we are able to accomplish, it will be, in great part, because she has enabled us to complete projects that would otherwise have been out of reach. But, as important as the money is, so too is Annette’s faith in our work. This kind of support is enormously energizing.”

More prisoners, fewer resources require priorities

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was five percent of all General Fund spending. In 1994, the population passed 40,000 and the MDOC budget passed \$1 billion, accounting for 13.6 percent of General Fund spending. Even when total General Fund spending started to decline in 2002, corrections continued its inexorable march to current levels.

Other state services have not fared so well. Newspapers are filled with reports of cuts to pre-school programs, recreation centers and services for the elderly. Ironically, health care costs are driven up because poor people turn to hospital emergency rooms when they cannot find doctors who will accept the state's low Medicaid payments. Also ironically, the inadequacies of the state's community mental health system have forced many of the mentally ill into the only institutional settings available – jails and prisons.

Two other areas that dramatically illustrate our spending priorities are revenue sharing and higher education. Revenue sharing helps to support numerous local services from parks, libraries and recreation to police and fire protection. Hundreds of millions of dollars cut from revenue sharing, combined with reductions in federal funding, have left Michigan with 1,300 fewer police officers on the street than we had on 9/11. What keeps Michigan citizens safer – warehousing people in our prisons or deploying more well-trained officers throughout our communities?

Like corrections, colleges and universities receive the vast majority of their state appropriation from the General Fund. However, while the DOC's share of General Fund spending has steadily increased, higher education's share has declined. For 2007, colleges and universities will receive \$1.63 billion, 17.6 percent of General Fund spending. The

proportion of operating revenues they receive from the General Fund has gone from 75 percent in 1973 to 40 percent. Students must make up the difference in tuition and fees.

Steady tuition increases place a college degree out of reach for more and more prospective students. Those who do finish school often face mountains of debt from education loans. While the media and elected officials talk constantly about the need to develop a better educated workforce so Michigan can capture high-tech jobs for the future, our growth industry has been prisons and the most reliable job category is corrections officer.

Table 1. INCARCERATION RATES OF 11 MOST POPULOUS STATES MID 2005

	Population		Prisoners		Incarceration	
	Number	Rank	Number	Rank	Rate	Rank
California	36,132,000	1	166,532	2	456	5
Texas	22,860,000	2	171,338	1	703	1
New York	19,255,000	3	62,963	4	327	10
Florida	17,790,000	4	87,545	3	492	3
Illinois	12,763,000	5	44,669	8	350	8
Pennsylvania	12,430,000	6	41,540	9	334	9
Ohio	11,464,000	7	44,976	7	392	6
Michigan	10,121,000	8	49,014	5	484	4
Georgia	9,073,000	9	47,682	6	526	2
New Jersey	8,718,000	10	28,124	11	323	11
N. Carolina	8,683,000	11	36,399	10	361	7

Note: Population figures are taken from the U.S. Census Bureau on-line report for July 2005; the number of prisoners and incarceration rates for June 30, 2005 appear in Bureau of Justice Statistics, *Bulletin: Prison and Jail Inmates at Midyear 2005*, (Washington D.C., May 2006).

Reducing Michigan's incarceration rate is key

Michigan devotes such a high share of its resources to operating prisons because its incarceration rate (the number of prisoners per 100,000 residents) is so high. As Table 1 shows, Michigan is the eighth largest state in population, but it has the fifth largest prison system. Its incarceration rate of

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484 substantially exceeds the rates of other large northern states, like New York, New Jersey, Pennsylvania, Ohio and Illinois and is more like those of Florida and Georgia. The rates of other Great Lakes states are far lower than Michigan's as well: Indiana – 386, Wisconsin – 383, Minnesota – 179.

The prestigious Citizens Research Council of Michigan has observed that Michigan's incarceration rate is over 40 percent higher than the average rate of the seven other states that border the Great Lakes. It concludes: "If Michigan had an incarceration rate equal to the average of these seven neighbors, General Fund spending for corrections programs in the Michigan budget might be reduced by as much as \$500 million – more than 5 percent of total General Fund spending." (See www.crcmich.org: Recent Publications, *Michigan's Budget Crisis and the Prospects for the Future*.)

Incarceration rates are a function of how many people we imprison and how long we keep them. There is no proven correlation between incarceration rates and crime rates. That is, there is no evidence that people in Michigan are safer than people in Ohio because Michigan keeps more

... there is no evidence that people in Michigan are safer than people in Ohio because Michigan keeps more people locked up.

people locked up.

Incarceration rates are impacted by both sentencing and parole policies. In Michigan, where about one-third of all prisoners are currently eligible for parole, selectively increasing parole grant rates would be the quickest way to safely reduce the prison population. MDOC figures for people paroled in 2003, the last year for which two-year

follow-up data is available, show that 16.7 percent were returned to prison for technical violations and 13.2 percent were returned with new sentences resulting from convictions for new crimes. Another 16.7 percent are categorized as "absconders." Most absconders have stopped reporting as required but are living in the community without incident. When apprehended, they are typically continued on parole, albeit with some form of sanctions and changes in supervision.

Thus, of every 1,000 people paroled, 700 do not return to prison within two years. Paroling 3,000 additional people would result in at least 2,100 not returning to prison. If they were all housed at Level 1 or 2 facilities, the savings would be nearly \$60 million and at least two entire prisons could be closed.

CAPPS suggests these additional people can be paroled with low risk to the community if the following steps are taken:

- Release more people who score low risk for re-offending on the board's parole guidelines. Currently, 35 percent of people in this category are denied parole. [For more information, see www.capps-mi.org/Using prison less]
- Continue to reduce the waiting list for assaultive offender therapy so that people can complete the program before reaching their earliest release dates. [See article on page 6]
- Review the more than 800 lifers who became eligible for parole after serving 10 years according to the same criteria use for all other parole decisions. [For more information, see www.capps-mi.org/lifers]
- Establish procedures for paroling people who, because of age or illness, are so incapacitated they present little risk to the community [See article on page 8]
- Establish parole eligibility for people sentenced to non-parolable life terms as juveniles and procedures for reviewing people who have served 25 years on non-parolable life or long indeterminate sentences. [See article on page 11]

The Assaultive Offender Program – a current report

The good news is that the MDOC has made substantial improvements in the delivery of assaultive offender programming. The bad news is that significant problems remain.

The Assaultive Offender Program (AOP) is group therapy that typically takes 10-12 months. While successfully completing the program by no means guarantees that parole will be granted, the parole board often uses non-completion as a reason for denying release.

A report issued by CAPPS and the American Friends Service Committee (AFSC) in April 2005 explained that hundreds of people who had served their minimum sentences were routinely denied parole because they could not gain access to treatment that costs about \$1,400 per prisoner. (See *Penny-wise and Pound-Foolish, Assaultive offender programming and Michigan's prison costs*, www.capps-mi.org/publications) On April 1, 2004, waiting lists for AOP contained 1,430 people who were within one year of or had already passed their earliest release date (ERD). Enrollment in AOP was 2,324.

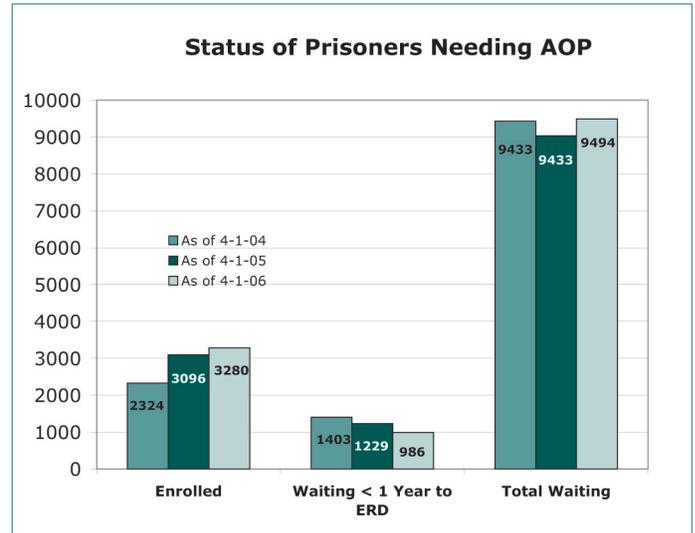
The MDOC began increasing AOP enrollment while the CAPPS/AFSC report was being prepared. After it was published, the legislature placed language in the corrections appropriations bill for 2006 requiring the MDOC to maintain a statewide waiting list for AOP (instead of separate lists for each facility) and to transfer people, when necessary and possible, to enable them to enter AOP groups. The same language appears in the 2007 budget bill.

The MDOC has implemented a statewide list, begun transferring people as treatment openings occur, hired additional therapists and instituted some management changes. Nearly 500 more people were admitted to AOP from May 1, 2005 – April 1, 2006 than during the preceding 12-month period, a gain of nearly 22 percent.

As the graph shows, between April 1, 2004 and April 1, 2006, enrollment in AOP increased by 41 percent. The number of people who are past or within a year of their earliest release date has decreased by 30 percent.

Despite this substantial progress, however, nearly 1,000 people remain on the waiting list who will not have the opportunity to complete AOP be-

fore serving their minimum sentences. Most will be denied parole. In addition, many people currently enrolled in therapy did not enter in time to complete it before their ERD and will have their parole decisions deferred for months as a result. And the



waiting list for people who are more than a year from their first release date is actually larger than ever. MDOC data does not break down just how far from their ERD these people are, making it difficult to plan adequately for the future.

CAPPS and AFSC continue to receive correspondence weekly on AOP-related issues. In the last eight months, AFSC has contacted the Psychological Services Unit (PSU) regarding problems with AOP more than 50 times.

Some of the letters demonstrate how difficult it still can be to access the program. Willie Gaines, who was convicted of armed robbery in 1996, first became eligible for parole in April 2006. The Reception and Guidance Center did not recommend AOP when Gaines entered prison. However, having heard about people serving for robbery who were denied parole for lack of AOP, Gaines began seeking entry to the program in 2003. He was assessed and put on a waiting list in 2004. In April 2005, he was transferred to the Cooper Street Facility, ostensibly so he could enter AOP. That didn't happen, however, and in July he was transferred to a camp where AOP was not offered. In November he was transferred to a camp that had the program, but he was not admitted to it until May 2006, one

month after his earliest release date.

Other complaints address different concerns. Quite common is the manner in which people are whipsawed between the assessments of therapists and the demands of the parole board. People may be screened out of AOP by PSU staff because they have shown no pattern of assaultive behavior or because their crime does not meet established criteria for participation. However, when the parole board interviews them, release is often denied because the board thinks they should “be screened for AOP.” The clear message is that the board disagrees with the therapist’s judgment and will not grant parole unless AOP is completed. If the therapist continues to deny admission, there is nothing the prisoner can do. Even if admission to AOP is permitted in order to satisfy the board, the person will have served an extra year, at least.

Keith Laney’s situation exemplifies this problem. Laney was sentenced in 2002 for two counts of larceny from a person, an offense that did not qualify him for AOP. After twice trying unsuccessfully to enter the program, in June 2003 Laney filed a grievance explaining that he had been the driver in two armed robberies and the original charges had been bargained down.

Laney’s earliest release date was not until April 2006, but he wrote in his grievance: *I do not want to get flopped by the Parole Board for not being involved in this program...I want to be absolutely certain they won’t tell me I need this program when it’s too late for me to complete it.* The response to his grievance was that he did not meet the criteria for admission.

Three years later, in March 2006, Laney received a 12-month continuance from the parole board. It stated as a reason for parole denial: “Needs AOP or RSAT [residential substance abuse treatment]. When PSU reiterated its position that Laney’s crimes did not fit the criteria for AOP, he filed another grievance, stating: *This is my fourth attempt to take [AOP]. The Parole Board recommended the class and the psychologists will not allow me to participate. What am I supposed to do?*

Laney was finally admitted to therapy in May 2006 and is now scheduled to complete it in May 2007, 13 months after he first became eligible for parole.

Overall, from May 2005 – April 2006, the number of people denied admission to AOP fell by 60 percent over the preceding 12 months, from 947 to 378. This occurred in large measure because

PSU lowered the threshold for admission. In particular, people who deny that they are assaultive may now be admitted. To the extent that people who need therapy are being screened in, this is an important step. If, however, people who are not truly assaultive are being pushed through therapy based on arbitrary criteria set by the parole board, resources are being wasted.

The number of people completing therapy during the 2005-06 period rose by 42 percent. However, another trend raises concern. The number of people terminated from the program without completion increased by 41 percent. Data does not exist to explain the basis for these terminations.

Disagreement between therapists and the parole board at the other end of the process also remains common. People with positive AOP completion reports, favorable parole guidelines scores and a history of good institutional conduct are routinely denied release because the board perceives them to be a risk to public safety, based on their original offense, or feels after a brief interview that they “lack insight.”

No data is kept on the how disagreements between psychological services and the parole board affect release.

Other issues that result from the tension between treatment needs and custody concerns also remain. For instance, at prisons that have security levels 1 and 2, the warden decides whether AOP groups can mix prisoners from both levels. This may affect whether people housed at level 2 can get into a group that has openings at their own facility.

AOP is still not provided at levels 3, 4 and 5. Thus, higher security prisoners, who may need therapy the most, do not receive it. Some discharge to the community after serving their maximum sentences without parole supervision and without having had AOP.

While the MDOC has made real progress in decreasing the waiting list for assaultive offender therapy, hundreds of people will still be denied parole, wasting millions of taxpayer dollars, because they could not access a required treatment program in time. Even more fundamentally, questions remain about whether people are receiving the amount of therapy that is appropriate to their individual circumstances and about what role the assessments of the MDOC’s own psychologists should play in determining a person’s suitability for release.

CAPPS urges community oversight for very ill, elderly

Recent press reports about the prison medical care system not only highlight the poor treatment seriously ill people receive, they raise questions about why we even continue to incarcerate some people.

CAPPS executive director Barbara Levine says: "Michigan must examine the costs and benefits of keeping critically ill and incapacitated people in prison when they are no longer risks to the public. Changes in policy and law could save the state many millions of dollars in medical care and custody costs."

Corrections medical care costs, already at \$190 million, will continue to rise because Michigan's prisoner population is aging rapidly. The National Center on Institutions and Alternatives estimated in 1997 that the annual cost of caring for an elderly prisoner is \$69,000.

Because some paroled prisoners would become eligible for health care benefits from Medicaid, Medicare, the Veteran's Administration or private insurance coverage, CAPPS believes that appropriate alternatives can be developed in the community to protect the public, provide better health care to the seriously ill and save millions of dollars in the MDOC budget.

Parolees also might be eligible for general living expenses under Social Security, SSI, or veterans' or employer pension plans. Thus, the cost of both medical care and custody would be transferred to federally funded budgets or eliminated.

CAPPS estimates that releasing people too sick or elderly to be a risk to the public could save the state as much as \$20 million annually. This is based on a conservative figure of \$50,000 annually per person for the care of about 400 people.

Such people include those who are bedridden, who require skilled nursing home care or who must have continuing health care services throughout their entire incarceration because of serious physical illness, such as those on renal dialysis. They also include the elderly. Some prisoners in the geriatric wing at Lakeland Correctional Facility require assistance just to get out of bed and get dressed.

The establishment of assisted living, chronic care and hospice facilities specifically for parolees

is an option that should be considered, Levine said.

"These facilities could be staffed by MDOC personnel and could even be a source of employment for selected ex-offenders who would otherwise be barred from nursing home jobs. Such facilities would permit the release of parole-eligible people who have nowhere else to go. People not yet eligible for a routine parole could be placed there as a condition of receiving a medical parole," she said.

The savings from not incarcerating the ill and elderly would have to be set off against the costs of any community-based alternatives. Individual case-by-case assessments of people who fall into these categories would help determine the extent to which operating and medical costs in community settings would be recaptured from public and private sources outside the MDOC budget.

Consideration of release would have to balance the nature of the offense, the length of time served, the extent of incapacitation and the person's current eligibility for release.

CAPPS determined that of 359 people housed, in May 2006, at a prison medical facility, prison geriatric unit or in an off-site hospital, nearly 37 percent had passed their first release dates. They were eligible for parole but had been passed over by the parole board. Other people, who have not yet finished serving their minimum sentences or are serving non-parolable life terms, would require special medical paroles or commutations.

A state statute [MCL 791.235 (10)] gives the parole board authority to "grant a medical parole for a prisoner determined to be physically or mentally incapacitated." However, the law predates "truth-in-sentencing" legislation requiring everyone to serve their entire minimum sentence in a secure facility, and the attorney general has advised the board not to use it, according to Parole Board Chairperson John Rubitschun. CAPPS urges that the law be re-enacted to ensure that the board has the flexibility to act in appropriate cases.

A small handful of commutations are granted to people who are terminally ill. However, the current procedure, which is not formalized, requires a physician's prediction that the person will die

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Faces behind the figures

Are we safer because they're behind bars?

Another in a series of CAPPs profiles of prisoners currently eligible for parole

Estevan Gonzales, No. 175601

Paroled to a strange city with practically no resources, Estevan Gonzales became homeless, living in a shelter at night and walking the streets by day. This made it hard for him to report on time and attend outpatient substance abuse treatment. When he became so overwhelmed that he left to join his family in Ohio, the parole board returned him to prison for 18 months, then continued him for an additional year.

When Estevan Gonzales was paroled in June 2004 after serving 21 years for second-degree murder, approval for his transfer of parole supervision to Toledo, Ohio, where he had family, had not yet come through. He was placed in Detroit with an acquaintance but lost this housing when it was discovered that a probationer on electronic monitoring also lived there.

Gonzales' parole agent said she was not able to help him find another place to live or provide him with a loan. His family paid for a motel room for him for a couple of weeks until they could no longer afford it.

Describing his situation, Gonzales wrote:

What needs to be understood is that I just did 21 years and was on parole here in Michigan without NO FAMILY, NO JOB, NO PLACE TO LIVE, NO MONEY OR ANY HELP FROM MY PAROLE OFFICER. My family had to come from Toledo to take me to ALL MY APPOINTMENTS.

After testing positive for marijuana, Gonzales was placed in a residential treatment program for 30 days. He hoped that by the time he completed the program the interstate transfer would be approved so he could go to live with his sister. That did not happen and he was homeless again. He stayed in shelters at night and walked the streets between 8 am and 6 pm. He was also required to complete outpatient substance abuse programming.

In late October 2004, Gonzales was late for

his scheduled meeting with his parole agent. By the time he got there, she had already left the office. Gonzales signed in but, fearing he would be returned to prison for missing his appointment, left for Toledo to stay with his family. Ironically, his transfer to Ohio had just been approved, but he left the state without learning of it. Gonzales was apprehended in March 2005 and turned over to the parole board for failure to report, failure to complete outpatient substance abuse treatment and leaving the state without permission.

Although the administrative law examiner who presided over Gonzales' parole revocation hearing recommended re-parole to Toledo, in April 2005 the Board returned him to prison for 18 months. It said the violations showed he couldn't be managed in the community. In 2006, the board continued Gonzales for an additional year, stating:

P [prisoner] failed community supervision and resumed drug use. Minimized his actions and offered excuses for his parole failure. . .

Gonzales had gone to prison in 1983, at age 24. Although he had no prior criminal record, he did have a serious drinking problem. Convicted of the beating death of an acquaintance, Gonzales said he had been drinking heavily and didn't recall any details of the fatal assault. He was sentenced to 12 to 30 years.

Gonzales did not adjust well to prison and had numerous misconduct citations. The parole board continued him seven times, including three 24-month continuances, requiring him to serve almost twice his minimum sentence.

Ultimately, through programming and his work as a tutor, Gonzales says he learned to deal with uncomfortable situations, control his temper and improve his communication skills. An instructor said of him:

He is very knowledgeable, articulate and studious.

(Continued on the next page -- see Gonzales)

Community supervision sought for very ill, elderly

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within six to twelve months. By the time doctors are willing to make such predictions, the patient is often too ill to survive the time-consuming, multi-step commutation process.

“The media and some legislators are beginning to question the wisdom of continuing to incarcerate the seriously ill and elderly, and other states

are also starting to explore solutions to the spiraling costs of geriatric and chronic care in corrections,” Levine says. Given the complexity of both the corrections and health care systems and the many public policy issues involved, these solutions will not come easily. But they will come sooner if Michigan officials begin to examine the options now,” she said.

News articles recount prisoner health care neglect

A recent series of articles by *Detroit Free Press* editorial writer Jeff Gerritt tells of prisoners whose health care needs were ignored, misdiagnosed or mistreated until they became seriously or terminally ill and, in some cases, died.

Much of the information came from advocates who have grappled with the corrections medical system for many years. Some appears in the records of *Hadix v Caruso*, federal litigation concerning several Jackson area facilities that began in the 1980s. Information about medical care at other facilities is being compiled by Prison Legal Services of Michigan (PLSM) and the American Friends Service Committee (AFSC).

The *Free Press Series* spurred Gov. Jennifer Granholm to order an independent investigation of the state’s entire medical and mental health care system for prisoners.

Another recent pair of articles by *Grand Rapids Press* reporter Pat Shellenbarger further explores the quality of prison health care and the cost of incarcerating elderly people who have served decades. A 2005 *Detroit News* story by Francis X. Donnelly focused on whether aging inmates should be freed. All these articles can be found on the CAPPs website at www.capps-mi.org/pressroom.

Those who brought attention to what has been called system-wide medical neglect include Ann Arbor attorney Patricia Streeter, counsel for the plaintiffs in *Hadix*; Sandra Girard, executive director of PLSM; Charlene Lowrie, former chief investigator for the office of the Legislative Corrections Ombudsman, which was defunded in the fall of 2003; and Penny Ryder and Natalie Holbrook of the AFSC.

Gonzales (Continued from page 9)

He has a serious demeanor and a great desire to learn and to help others.

By 2004, his conduct had improved markedly, he scored favorably on the parole guidelines, and the board granted his release.

After being returned to prison, Gonzales wrote:

I know if I had been paroled to Ohio to my family...I would not be here today, or if I would

have had a little help from someone here in Michigan with transportation and a real place to stay, I could have made it until I could have been transferred to Ohio. I was so scared out there I really did not know what to do. I had no one to turn to but my family, so I went home to them.

Gonzales’ reconsideration date is in September 2007.

Illinois House orders study of long & life sentences

Legislators in Illinois adopted a resolution recently to examine the efficacy of long and life sentences. They noted that current laws and practices in their state have increased the number of prisoners with sentences of 30 years or more to about 10 percent of the prison population.

Joint House Resolution 80 requires the appointment of a Long-Term Prisoners Study Committee made up of 17 members, including legislative appointees, a gubernatorial appointee, staff from the office of the Attorney General, from the State Appellate Defender's Office, from the Illinois Department of Corrections and from the Cook County state's attorney and public defender offices. The Illinois corrections department will staff the committee and provide administrative support. Membership appointments began in August.

The committee is expected to hold public hearings on the issue and to report its findings and recommendations to the state assembly before June 1, 2007.

The resolution also cited several other factors in explaining the need for such a study including the fact that: "It is estimated that close to half of those lifers and long-term prisoners will never be released from prison if current policies stay in place."

It also said "community crime prevention programs, not harsher prison sentences are responsible for the decline in crime rates" and noted that "many countries no longer impose sentences of life without parole."

"The recidivism rate for long termers is the lowest of any group of prisoners . . ." the resolution said.

Passage of the resolution was spearheaded by the Long Term Prisoner Policy Project (LT3P), a project of the John Howard Association of Illinois, a corrections reform organization. The project's advisory board includes defense attorneys, long-term prisoners and community activists. The LT3P was started when prisoners sentenced to death in Illinois were granted commutations because several were found to be innocent, calling into question the validity of the process.

LT3P Director Shaena Fazal, a Soros Justice

Fellow, said the resolution was drafted by a prison inmate who had seen a Senate Concurrent Resolution passed in Pennsylvania to study how best to deal with geriatric and seriously ill inmates, including those who are mentally ill. From there, the LT3P Advisory Board took on the task of pushing the legislation.

Fazal said Illinois, which has flat sentencing, does not allow for parole on any life sentences, but does allow a judge to sentence a defendant to a determinate term, anywhere between 20 to 60 years, for first-degree murder. She said life sentences are permitted only for first-degree murder (which includes premeditated and felony murder), certain habitual offenders, and those convicted of aggravated sexual assault for the second time. Those who are convicted of certain violent offenses, such as armed robbery, classified as Class X offenses, receive determinate sentences anywhere between six to 30 years. There are currently about 5,000 prisoners who have a life sentence (1,400) or a sentence of 30 or more years (3,400).

Illinois does not allow those convicted of first-degree murder or those sentenced to life to earn good time. Those serving time for Class X offenses and other serious assaultive offenses, including criminal sexual conduct, kidnapping, armed robbery, second degree murder and home invasion, must serve 85 percent of their sentences. All other prisoners earn a day of good time for every day served.

In Michigan, as of December 2005, there were 4,843 lifers in prison. Based on the 2003 statistical report put out by the MDOC, CAPPs estimates that about 60 percent (2,906) are serving for first-degree murder (premeditated and felony murder) and about 40 percent (1,937) are serving paroleable life sentences. In addition, there are 1,600 people serving minimum sentences of 25 years or more, according to the 2003 report. The elimination of any time off the minimum sentences for good behavior was phased in for crimes committed after Dec. 15, 1998. For crimes that occurred earlier, some prisoners continue to earn disciplinary credits and some earn good time.

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